

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/330,384	06/11/99	707	2771	OSC99-01

APPLICANT	RICHARD E. GLIKLICH, BOSTON, MA.
	<p>**CONTINUING DOMESTIC DATA*****</p> <p>VERIFIED PROVISIONAL APPLICATION NO. 60/089,183 06/12/98</p> <p><u>YES</u> PROVISIONAL APPLICATION NO. 60/089,114 06/12/98</p>
	<p>**371 (NAT'L STAGE) DATA*****</p> <p>VERIFIED</p> <p><u>NONE</u></p>
	<p>**FOREIGN APPLICATIONS*****</p> <p>VERIFIED</p> <p><u>NONE</u></p>
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 07/14/99	

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWING 24	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 6
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS	CHAPIN & HUANG L L C WESTBOROUGH OFFICE PARK 1700 WEST PARK DRIVE WESTBOROUGH MA 01581

TITLE	APPARATUS AND METHODS FOR DETERMINING AND PROCESSING MEDICAL OUTCOMES

FILING FEE RECEIVED	FEEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$1,376		